

UNFPA Libya Flood Response Situation Report #1

15 September 2023



SITUATION OVERVIEW

Heavy rains, caused by Storm Daniel, swept through Libya's northeastern region on Sunday, 10 September, causing flash floods, the collapse of two dams near Derna and overflowing rivers in five provinces (Benghazi, Al Marj, Al Jabal Al Akhdhar, Derna, and Tobruq). According to the [DTM update](#), more than 5,000 people are presumed dead, including 3,922 deaths registered in hospitals, and more than 9,000 people were still missing four days after the disaster. Around 38,000 people have been displaced.

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), in collaboration with humanitarian partners and in support of the national government, launched a [Libya Response Flash Appeal](#) for a three month period.

¹ <https://reliefweb.int/report/libya/libya-flood-response-flash-appeal-september-2023>.

More than 880,000 people in the five hardest-hit provinces, including 440,000 women, were affected by the disaster with more than 40,000 displaced people. The cities of Derna, Battah, Soussa, Al Marj, Taknis, Al Bayda, Shahat, Al Bayadah, Tolmeita, Tokra, Al Abyar and Bersis are among the worst affected and schools and hotels are being used for shelter. Telecommunications and electricity outages combined with road collapses are making access to information extremely challenging.

Both the **Foreign Affairs Committee of the Libyan House of Representatives** and the **Presidential Council** have requested international assistance.

UNFPA estimates that up to **230,000** of the people in need of humanitarian assistance are **women and girls of reproductive age** (15 to 49 years) among whom an estimated **24,000** women are pregnant and in need of essential **sexual and reproductive health (SRH)** services, including basic and comprehensive emergency obstetric and

neonatal care (B/CEmONC). Around **2,625** pregnant women among the people in need of humanitarian assistance are expected to give birth in the next month.²

An increased number of **women are exposed to risks of gender-based violence (GBV) and sexual exploitation and abuse (SEA)** as women and girls are on the move, displaced in temporary shelters and deprived of basic needs. Gender-based violence was already a critical issue for women and girls in Libya prior to this crisis.

At the beginning of 2023, according to [the Libya Humanitarian Overview 2023](#), an estimated 300,000 people needed humanitarian assistance. Before the disaster, the affected area had already suffered years of conflict, political instability and insecurity and a deteriorated socioeconomic situation. With the interruption of basic service and continuing displacement, the number of people in need is likely to increase.

HUMANITARIAN NEEDS AND INITIAL UNFPA RESPONSE

HUMANITARIAN NEEDS

Derna is the most affected area. The heavy rainfall, combined with the breach of two dams, released 30 million cubic meters of water into central Derna, destroying vital infrastructure and countless homes. Affected neighborhoods in Derna also hosted several healthcare facilities, serving as essential hubs for residents seeking medical care. The disruption of city-wide access to healthcare, combined with potential damage to sewage networks and sanitation facilities, poses a significant risk of infectious disease outbreaks.

Thirty-eight thousand (38,000) people are displaced and many more are expected to be evacuated due to the risks of communicable diseases and the lack of safe drinking water and food. Initial assessments indicate half **of the population in Derna** (100,000 people) are in dire need of humanitarian assistance. More than 2,200 internally displaced persons (IDPs) are currently located in three schools, being accommodated by host families (some hosting more than five families) or in hotels and other dwellings around the city.

²UNFPA estimates are based on the [Minimum Initial Service Package \(MISP\) calculator](#).

In **Al Marj**, the cities of Batah, Al Bayadah, Tokra, Talmitha and Takens in Al Marj province were severely affected by the disaster. As per the DTM, 2,595 people were displaced because of the floods. The roads between Tokra and Talmitha are obstructed leaving the affected population inaccessible for search and rescue teams. Al Marj hospital is still functional and has been identified as a referral hospital for the affected area.

Several areas in **Al Jabal Akhdar** were heavily affected by the floods with more than 3,000 displaced people. The cities of Al Bayda, Shahat and Sousse remain under water. The central warehouse for the Eastern Region located in Al Bayda was flooded and medical supplies and consumables were damaged affecting an estimated 1.9 million people living in the Eastern region, including 500,000 women of reproductive age.

In **Benghazi**, the effect of the storm was limited to IDP camps and families living on the coast with limited damage to infrastructure. Eighteen schools have been prepared to host IDPs which exceed 2,100.

While the scale of needs in **Tobruk** is lower than in the four other areas, the shortage of medical supplies and electricity cuts pose serious risks to the population including women.

Table 1: UNFPA estimates of women in need of humanitarian assistance.

Affected Areas	People in Need	Women in need of assistance	Women of Reproductive Age	Women giving birth in the next month
Al Jabal Akhdar	258,611	128,776	67,239	768
Almarj	305,214	151,983	79,356	906
Benghazi	214,699	106,910	55,822	638
Derna	99,475	49,534	25,864	295
Tobruk	5,938	2,957	1,544	18
Grand Total	883,937	440,160	229,824	2,625

In **Benghazi**, women in IDP shelters require regular reproductive health services and referrals to Benghazi Medical Centre (BMC) and Al Jalaa Hospital. Benghazi Medical Centre performs an average of 250 cesarean sections per month under normal circumstances as the main referral hospital for the whole Eastern region together with Al Jalaa Hospital. With half of health facilities in the Eastern region now dysfunctional³, the needs for CEmONC services are expected to increase with higher needs for medical supplies, consumables and referral services from primary health care (PHC) facilities to BMC and Al Jalaa.

The only remaining structurally intact health facility in Derna lacks doctors, medicines and fuel for generators. There is **no functional maternity** facility in the city. The city is connected to Benghazi by one road and it takes **up to eight hours** for pregnant women to reach BMC for emergency obstetric care services.

In **Derna, Al Marj and Al Jabal Al Akhdhar, GBV prevention and response services** and supplies are lacking, and women could potentially be further exposed to violence due to the continuous power outages and displacement.

Access to **GBV prevention and response services** in Derna – and across the Eastern region – have been severely curtailed by road blockages and the destruction of health facilities and hospitals. Displaced women now residing in schools (especially those from the Tawerghan community) have been continuously displaced for the past nine years and are in dire need of emergency reproductive health and mental health services. Mobile social worker teams who could provide psychosocial first aid and referrals to specialized services are lacking in the shelters. Community mobilization and GBV awareness creation strategies focusing on prevention, stigma reduction and improved access to services are also missing.

The coordination of GBV case management and referral pathways needs to be localized in the context of the Eastern region to enhance an effective response, reduce duplication, ensure standards are met, and to increase accountability to affected populations. A previously existing national GBV helpline was suspended by the Government of Libya in March 2023, limiting GBV survivors' access to counseling services. There are no post-rape kits in **Benghazi**, impacting the provision of clinical management of rape (CMR) services.

ONGOING RESPONSE

A massive wave of support continues to flow from all parts of Libya in response to the crisis. Both authorities, in the East and the West have established crisis response committees. **The Ministry of Health (MOH)** has formed an emergency cell in **Al Hawari General Hospital** in **Benghazi**. An emergency room has also been set up in **Derna**. **Authorities in the area** are focusing their response on two mantikas: Al Jabal Al Akhdhar and Derna (the most affected). These two areas have been divided into five zones for relief operations: South Al Jabal, the middle of Al Jabal, the coastal side of Al Jabal, Western and Eastern Derna. The Eastern part of Derna continues to be difficult to access.

The **MOH has provided 20 trucks (40ft each) of medicines and medical supplies** to some of the affected health facilities in the East: Al Jalaa hospital (Benghazi), Al Bayda General Hospital, Al Henya rural hospital (Al Jabal Al Akhdhar), Soussa General Hospital, Um Errazem Hospital (Shahat), Omar Al Mokhtar Hospital (Tubruq), Al Qubba Hospital (Derna), and Taknes city hospital (Al Marj).

Al Wahda hospital in Southwestern **Derna** was affected by the storm and a field hospital has been set up in the area to maintain the provision of emergency care. The MoH has also dispatched **five field hospitals, 200 medical workers** and **120 ambulances** to maintain services in affected areas and to facilitate referrals. **The National Center for Disease Control (NCDC)** has deployed two mobile medical units to **Al Bayda Hospital**.

³ WHO Situation Update number 3: East Coast Daniel Storm, 14 September 2023.

UNFPA INITIAL RESPONSE

Since 10 September, UNFPA has been closely communicating with the Emergency Cell to identify critical issues and mobilize its resources in support of the aid operation. **UNFPA is on the ground** contributing to the ongoing **inter-agency Multi-Sector Initial Rapid Assessment (MIRA)** and coordinating and collaborating with the authorities, UN agencies and other humanitarian stakeholders to build on and strengthen existing relief efforts.

UNFPA is deploying **one mobile medical team** to **Derna** to initiate the provision of antenatal (ANC) and postnatal care (PNC) services and the referral of women to Al Marj hospital for BEmONC. UNFPA is also **monitoring the risk of communicable disease transmission** and ready to move the team closer to displaced populations, including any that may need to be evacuated. The mobile medical team is on its way to Derna and expected to start providing services on 17 September.

Health authorities have reported insufficient medical personnel in **two primary healthcare facilities** in Al Bayda and Sousa. UNFPA is supporting the deployment of two mobile medical teams expected to arrive on 17 September who will provide reproductive health services to the affected population.

As part of its initial response to the crisis in Benghazi, UNFPA distributed 80 Mama Kits (hygiene kits for women giving birth and their newborns) in collaboration with the Primary Health Care Institute in Benghazi. Prior to the disaster, UNFPA had been providing maternal health services in **Hillis IDP camp** for the Tawerghan community. UNFPA had also been supporting the LRC Polyclinic (Al Ikhaa) to serve other displaced women in Benghazi.

UNFPA will also deploy **two mobile medical teams** to Benghazi to support two primary health care facilities where health authorities have reported shortages in medical personnel. The team is expected to start providing services to the affected population on 17 September.

UNFPA is operating a **Women and Girls Safe Space (WGSS)** in Benghazi with its partner (**Amazonat**) where women can access services, risk mitigation and hygiene materials and obtain information on GBV referrals. The WGSS is providing psychosocial support to displaced women but requires further support to expand its services to all schools currently hosting people who have been displaced by the floods.

As an initial rapid response, UNFPA is assembling **1,000 dignity kits (DKs)** in the WGSS in the western region which will reach Benghazi on 16 September. These DKs will be distributed to the most affected women in Benghazi, Al Marj, Derna, and Al Jabal Akhdhar in collaboration with **LibAid**.

UNFPA RESPONSE STRATEGY & PRIORITIES



UNFPA is working in close coordination with the Emergency Cells, partners on the ground and humanitarian aid workers to deliver lifesaving interventions in support of relief interventions by the authorities and Libyan People. UNFPA is scaling up its presence focusing on a life-saving humanitarian response in the face of acute needs with the active participation and involvement of affected populations. UNFPA's response plan is built on established inter-agency partnerships, collaboration with national and regional authorities and the sustained residual presence of partners.

SEXUAL AND REPRODUCTIVE HEALTH

- 1. Procurement and distribution of life-saving medicines and supplies** including for safe and clean deliveries, management of pregnancy complications and childbirth, caesarean sections, and blood transfusion – responding to the health needs of women survivors.
- 2. Deployment of community health workers (CHWs)** to identify high-risk pregnancies, provide reproductive health (RH) related information, education and counseling and distribute clean delivery supplies for visibly pregnant women in IDP sites and host communities that have been critically impacted by the disaster.
- 3. Deployment of mobile medical teams** – obstetricians/gynecologists, pediatricians, general practitioners, nurses and midwives – to provide BEmONC services, ANC, PNC, referrals to CEmONC and other RH services. The clinics will be deployed in collaboration with the Emergency Room of the MoH and Primary Health Care Institute (PHCI), Al Safwa Organization and the Libyan Red Crescent.
- 4. Supporting the functionality of existing CEmONC facilities** including maintaining power supplies access to clean water, and supporting lifesaving facilities such as blood banks, operating theatres and critical care units for obstetric and newborn emergencies.
- 5. Supporting the active referral of obstetric emergencies and other reproductive health emergencies** by equipping and supporting ambulances and covering transportation and treatment costs through cash-based interventions to visibly pregnant women in need of assistance.
- 6. Refresher training on lifesaving obstetric care and Minimum Initial Service Package on Reproductive Health (MISP) in Emergencies** focusing on midwives and first line health care providers.

GENDER-BASED VIOLENCE

1. Establishment of temporary and semi-permanent Women and Girls Safe Spaces (WGSS) in IDP-hosting areas and continued support to existing WGSSs to provide essential GBV prevention and response services, including case management, individual and group-based psychosocial support, referrals, and information on GBV.

2. Distribution of Dignity Kits – as part of GBV risk mitigation efforts – to affected women and girls of reproductive age, combined with raising awareness on GBV, PSEA and available response services, and sensitization on menstrual hygiene. Individual DK distribution will be carried out by mobile social worker teams and through the WGSS.

3. Rapid Response Mechanism (RRM). The multisectoral and multiagency RRM package for displaced households and individuals covers needs under four sectors (Shelter/non-food items (NFIs), WASH, Food Security and Protection). As part of the RRM, UNFPA will distribute core relief items to displaced populations in collaboration with IOM, UNICEF and WFP.

4. Deploy mobile social worker teams to provide mental health and psychosocial support (MHPSS) to women and girls in IDP settlements and disaster-affected areas. The mobile teams will be the first point of reference for women to request assistance and get support, counseling and referral to WGSS and specialized care.

5. Provide refresher training to GBV first line responders to provide GBV case management/MHPSS to ensure GBV survivors have continued access to services despite physical services being interrupted by the disaster.

6. Coordinate the GBV response. As the GBV working group chair in the affected area: roll out safety audits to identify GBV risk factors and mitigation measures; map and circulate up to date GBV referral pathways to facilitate the safe referral of GBV survivors; train GBV actors on GBV in emergencies to develop emergency response plans for the affected areas; and mainstreaming GBV with other humanitarian sectors to prevent GBV.

7. Strengthen the role and capacity of community-based protection networks at IDP sites and other affected areas to provide psychological first aid and referrals while ensuring the creation of a community awareness strategy on GBV aimed at GBV prevention, stigma reduction and improved access to services.

8. Prevention of Sexual Exploitation and Abuse (PSEA). Conduct community outreach raising awareness on GBV and PSEA, access to lifesaving and time-sensitive services, and SEA reporting mechanisms.

FUNDING NEEDS

Table 1: UNFPA Funding Needs under the 2023 Flash Appeal for the Flood Response in Libya*

	GBV Response (US\$)	SRH Response (US\$)	Total (US\$)
Requirement	4,432,400	2,477,760	6,910,160
Pledges and Contributions**	250,000	250,000	500,000
Funding Gap	4,182,400	2,227,760	6,410,160

* The Flash appeal covers the period from 14 September to 14 December 2023.

** UNFPA Emergency Fund.

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